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Alanka Area Native Health Service 250 Gambell Street Anchorage, Alanka 99501

April 10, 1996

Refer to: A-DD (DHF)

Attn: Chairman Reed Hundt
Federal-State Joint Board on Universal Service
c/o Office of the Secretary
Federal Communications Commission
Washington, D.C. 20554

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Federal Communications Commission
Office of Secretary

Dear Sirs:

The Alaska Area Native Health Service (AANHS) and affiliated tribal health corporations provide a comprehensive health services delivery system for 100,000 American Indians and Alaska Natives in 192 communities. The goal of the AANHS is to raise the health status of the American Indian and Alaska Native people to the highest possible level. Our multi-level health system includes operation of one state-wide referral medical center, six regional hospitals, five (physician) health centers, 22 (physician assistant) rural health centers, and 158 remotely located village health clinics. The following are AANHS responses to the F.C.C.'s Notice of Proposed Rulemaking with regard to regulation of the Telecommunications Bill of 1996.

Regarding section II. "Goals and Principles of Universal Service Support Mechanisms," (paragraph number 8) of the notice: We would ask the Joint Board and the Commission to consider adding another necessary and appropriate principle consistent with the Act, namely the principle that services must meet some minimal "guaranteed functional performance requirements." We submit introduction of this principle as a way to overcome some of the unique problems we regularly experience in rural Alaska.

Most rural locations in Alaska have not been and may never be connected with copper or fiber lines. Most connectivity is realized through use of wireless methodologies (i.e. communication satellites, microwave, etc.). Sometimes the actual path of the signal ends up making two earth-to-satellite-to-earth "hops" before finally arriving at the end receiver. Each "hop" in this "double

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hop" occurrence, introduces a non-trivial time delay in the signal pathway, causing noticeable but manageable delays for voice traffic, but more importantly causing reduced performance for computer modems to the point where at times they are not capable of functioning. Also, even though "voice grade" dial-up lines are available now in most rural Alaskan villages (towns with greater than 25 inhabitants), often the bandwidth of the lines is shared "dynamically" with other dial-up lines in use at the same time in the same village. The result of this "multiplexing" or sharing of bandwidth together with any satellite delays incurred, is that a normal computer modem rated at 14.4Kbps can not consistently communicate at that speed, and in most cases will bog down to slower and slower rates and spend most of its time performing error checking exercises. Thus even though a "voice grade" dial-up line is technically available, from a functional performance perspective, if you require use of a computer modem, a "voice grade" dial-up line level of service is still not present. We submit that unless there is some system-wide guaranteed functional performance requirement, one can not "reasonably compare" services provided in rural Alaska to those services available in "urban areas."

Regarding section III.B.1. "Support for Rural, Insular, and High Cost Areas and Low-Income Consumers," (paragraph 16 and 17) of the notice: In light of the above comments, we would like the Joint Board and the Commission to add a "guaranteed functional performance requirement" to the requirement in (1) for "voice grade access..." We propose language requiring, "voice grade access to dial-up lines on the public switched network, with the ability to place and receive calls with a guaranteed functional transmission rate of 14.4Kbps via modem."

We believe that a guaranteed 14.4Kbps transmission rate should be the minimum functional requirement for <u>universal service support</u> to all villages in Alaska. We believe this is important in order to enable basic computer-based communication from point-to-point within the state. We believe that the concept of "quality services" as mentioned in 254(b)(1) can not be realized without establishing some minimum level of "guaranteed system performance." We believe that to consistently be able to establish a connection using a personal computer with a modem, that the 14.4Kbps rate represents the lowest-end acceptable industry standard for digital communication. We believe that being able to transmit over "voice grade" lines via modem is an essential requirement within our state. This capability is even more essential for purposes of "education, public health, and public safety," for populations which are isolated in "rural, insular, and high cost areas" than it is for populations located in urban or low cost areas, where alternative methods of communication are now available (e.g. cellular phones, pagers, etc.).

Regarding section IV.C.1. "Schools, Libraries, and Health Care Providers," (paragraph number 90-92) of the notice: We further propose that connections to multiple digital subscriber lines,

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each with a minimum transmission rate of 64Kbps, be considered as the minimum "guaranteed performance requirement" for additional services, "necessary for the provision of rural health care services," made available upon request to all clinics and health providers. This would allow subscribers to utilized Integrated Digital Services Network (ISDN) lines or other digital modalities as required.

The Alaska Area Native Health Service and affiliated native health providers need to be able to implement low bandwidth video teleconferencing among any of our 185 village health clinic locations throughout Alaska. We also require the ability to transmit 2Kx2Kx8-Bit compressed and uncompressed digital x-ray images over modems or digital lines between 25 mid-level clinic and hospital locations.

In current conversations with our InterExchange Carriers (IXCs) providers, they are in different stages of development and implementation of these technologies. Even if this technology is implemented by the our IXCs, the local exchange carriers (LECs) within their respective local access and transport areas (LATAs) will also need to upgrade their systems in order to deliver this capability to local village clinics. This is a key issue in insuring that this technology becomes available upon request to every end-user.

Sincerely,

David J. Schraer, M.D.
Chief Medical Officer, Deputy Director
Alaska Area Native Health Service

Enclosure

cc: Richard Mandsager, M.D., ANMC-Director International Transcription Service Marideth Sandler, Office of the Governor Ernestine Creech, Common Carrier Bureau Phil Truer, Alaska Public Utilities Commission Fred Pearce, Alaska Telemedicine Project

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